

NationsBank

Return copy to:

Nations Bank
Government Card Services
P.O. Box 1637
Norfolk, VA 23501-1637
Facsimile (757)624-6323

Individually Billed Card Account Setup/Application Form

TO BE COMPLETED BY EMPLOYEE

PLEASE TYPE OR PRINT ALL INFORMATION

First Name	Last Name	MI	Social Security No																
Agency Name																			
Mother's Maiden Name (for security purposes)										Mailing Address Home ___ Business ___ (check one)									
e-mail address:										_____									

Office Telephone Number										City _____ State/Province _____ Zip Code/Postal Code _____ Country _____									
Country and Area Codes: _____																			
Number: _____																			

By signing below, I (a) request that a Government Card is issued in my name, (b) agree to use the Card for official travel and official travel related expenses only, and to be bound by the terms and conditions of the attached Agreement governing my use of the Government Card, and (c) attest to the best of my knowledge, that the information I have provided herein is true and correct.																			
PLEASE RETAIN COPY FOR YOUR RECORDS.																			
Employee Signature _____																			
Date _____																			
* Social Security Number of other unique identifier. NOTE: See attached Agreement between Agency/Organization Employee and NationsBank of Delaware, N.A. for the terms and conditions of you Account.																			